THE REHABILITATION PROGRAM

OF THE

MEDICAL DEPARTMENT UNITED STATES NAVY

NAVMED
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ISSUED BY
BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT
WASHINGTON, D. C.

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PREFACE

The Medical Department of the Navy has as its slogan "To keep as many men at as many guns as many days as possible." This means that every member of the Medical Department has as his primary objective the physical well-being of the men of the Fleet.

There is another obligation that is just as important and that is the saving of the lives of the men who fight the guns of the Fleet and those who fight on the beaches of the far-flung islands of the world, the United States Marines. Our lifesaving record in this war is one that the whole nation can well be thankful for and proud of, but what of the men who are disabled from the blows they have received in this frightful war? What of their future in the years to come?

The Medical Department of the Navy, then, has a third task which is even more important than the other two, for upon its ability to solve the variety of problems of rehabilitation depends the future of hundreds of thousands of the youth of our nation. So we have set our eyes on the path ahead. The path that will lead the injured back to a state of health whereby they will be useful citizens again in their communities.

The Rehabilitation Program that has been set down in the following pages is well-thought out and if followed will surely bring about the hopes that I have just expressed. As we go on together in the months to come, working out this program, we will learn much from the experience we will gain and from the mistakes we will make. But all of this will tend to make a more perfect program so that we will hold forth to the unfortunate men who come back from the wars needing our help the means which will again return them to a useful form of duty.

ROSS T. McINTIRE,
Surgeon General, United States Navy.

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"REHABILITATION"

Restoration is at least as much a matter of spirit as of body, and must have as its central truth—Body and spirit are inextricably conjoined. To heal the one without the other is impossible. If a man's mind, courage and interest be enlisted in the cause of his own salvation, healing goes on apace, the sufferer is remade; if not, no mere surgical wonders, no careful nursing, will avail to make a man of him again. Therefore I would say: "From the moment he enters the hospital, look after his mind and his will; give him food; nourish him in subtle ways; increase that nourishment as his strength increases. Give him interest in his future. Light a star for him to fix his eyes on, so that, when he steps out of the hospital, you shall not have to begin to train one who for months, perhaps years, has been living, mindless and will-less, the life of a half-dead creature."

That this is a hard task none who knows hospital life can doubt. That it needs special qualities and special effort, quite other than the average range of hospital devotion, is obvious. But it saves time in the end, and without it success is more than doubtful. The crucial period is the time spent in the hospital. Use that period to recreate not only the body, but mind and will power, and all shall come out right; neglect to use it thus and the heart of many a sufferer and of many a would-be healer will break from sheer discouragement. A niche of usefulness and self-respect exists for every man however handicapped; but that niche must be found for him. To carry the process of restoration to a point short of this is to leave the cathedral without spire. To restore him, and with him the future of our countries, that is the sacred work.

(Statement of John Galsworthy made at the Allied Conference on the After-Care of Disabled Men, Washington, D. C., 1919.)

PURPOSE AND SCOPE

Rehabilitation includes all activities and procedures that contribute to the recovery of a patient from his ailment and prepare him to resume a normal life. The Rehabilitation Program has cognizance of procedures which supplement ordinary or usual professional treatment to expedite recovery and prepare the patient for the course he will follow after discharge from the hospital, and includes physical therapy, occupational therapy, physical training, educational services, and civil readjustment. In addition to these, the chaplains and technical personnel of the American Red Cross are included to the extent that their duties or services contribute to the broad aims of the Program.

It is the purpose of the Rehabilitation Program to expedite the complete recovery and return to duty of all patients possible, and to prepare those whose disabilities necessitate their discharge for return to civil life with maximum adjustment to their disabilities. The Rehabilitation Program is intended to make such use of the time a patient must, of necessity, spend in a hospital as will contribute to this purpose.

The responsibility of the Medical Department for rehabilitation starts when a patient first enters a hospital and continues until he has recovered and is in condition for return to duty, until treatment for his disability is completed, or until it is apparent that he will require indefinitely prolonged hospitalization and that transfer to a non-naval agency is indicated. The responsibility of the Medical Department does not include vocational training. Responsibility for such training has been assigned to the Veterans' Administration by existing law. The responsibility of the Medical Department will be met when the patient has attained maximum benefit from treatment and the groundwork has been laid for the social and economic rehabilitation which must be completed after the individual has returned to civil life.

GENERAL CONSIDERATIONS

Special emphasis must be placed upon expediting recovery and return to duty of every patient possible. The total strength of the Navy is definitely set. Hospital beds are required to receive cases of local origin, and casualties evacuated from overseas. Every day that a patient, who might be returned to duty, spends unnecessarily in a hospital is both a man-day lost to the Navy and a hospital-bed-day which might have been used by a new admission. At the same time it is essential that recommendations for discharge from the service be held to a minimum. A man discharged from the service who might, by further study or treatment, have been returned to duty, is a total loss of the training effort which has been expended upon him. The Rehabilitation Program must practice intelligent conservation of the Navy's manpower.

Rehabilitation of the patients whose disabilities prevent return to duty is a definite duty and responsibility of the Medical Department. The success of the Rehabilitation Program will be indicated by the kind of readjustment they make to civil life and, to a large extent, will be the basis on which the Medical Department's efforts for their welfare will be judged by the public at large. These men must be returned to civil life in condition to secure gainful employment. A mental attitude should be fostered that, although they may have disability allowances, they should be prepared to take a useful place in which they can progress by their own efforts in the community in which they may live.

All patients in the hospital should be reached by the Rehabilitation Program. The extent of this participation, however, should be governed by the probable duration of hospitalization. In practically all hospitals there is a considerable proportion of the patients who are suffering from acute conditions from which they will recover in a short time and return to duty. In these cases rehabilitation efforts should be directed toward building up morale and overcoming any deterioration in general physical fitness which may have resulted from inactivity and their illness. All activities to which they are assigned should be such as will contribute to speedy and complete recovery. Rehabilitation efforts for patients whose conditions require longer periods of hospitalization should also be such as will expedite recovery and maintain physical fitness, and should further include activities which will contribute to the course the man will follow after he leaves the hospital.

The Rehabilitation Program should be considered a part of a patient's treatment in the hospital; participation, therefore, should not be left entirely to his volition. Voluntary participation, however, will bring better results both to the individual and to the general morale of the hospital. Therefore due consideration should be given to the expressed desires of the patient, keeping in mind what will contribute most to his speedy recovery. Such activities as physical therapy and physical exercise,

however, may have the same therapeutic significance as drugs. In such circumstances, participation should be as mandatory as is cooperation in any other clinical procedure. Activities in which he is required to participate must be judiciously selected. It is obviously futile to attempt to require undertaking a study course unless there is motivation to learn, but physical exercise and buildings-and-grounds-maintenance details can be required.

It would be ideal if the Program were so presented that all patients would realize that wholehearted participation is to their personal advantage, and it be apparent to the new admission that participation is "the thing to do."

MORALE

Morale of the individual patient, of the patient population as a whole, and of the staff of the hospital will, to a considerable extent, determine the success or failure of the Rehabilitation Program.

Morale problems of the individual patient vary through all stages, from those of the homesick young recruit to those of the man who is confused and disheartened by combat experiences and injuries. These problems must be brought to light as early as possible after the patient's admission and an intelligent attempt made to reach a solution. Patients and their relatives often state that they are not told of the conditions for which the man is under treatment. They frequently are not informed of the reasons behind transfer to special hospitals, often at considerable distances from their homes. Such questions unanswered cannot but lower the individual's morale. Attention to these problems is the responsibility primarily of the ward medical officer. In the normal doctor-patient relationship, he must obtain the confidence of the patient if his professional efforts are to be effective. This confidence should be the means through which he seeks out and tries to correct the personal problems that cannot fail to retard recovery. Failure to recognize and correct such conditions suggests that the medical officer has lost sight of the necessity of considering each patient as an individual person, and not just another case in a ward. It must be realized that a pat on the back and an admonition to "cheer up," or movies and entertainments, make no real contribution to correcting the basic difficulty. Rehabilitation will not be fully successful for any individual whose personal morale is at low ebb.

A high state of morale can be considered to exist in the patient population as a whole when there is a general appreciation of why we are engaged in war, and of the duty each citizen owes the country to make his maximum contribution toward the war's successful conclusion. As a corollary to this there must be a realization that participation in the war, even in combat, is not necessarily followed by retirement with a pension sufficient to obviate the necessity for any gainful activity in the future. This must be made a personal thing for the individual and not a

principle for him to agree to, leaving the execution to someone else. Indoctrination in these principles is essential, both for the successful prosecution of the war, and for the eventual successful adjustment of these men to civil life. Attention to these problems is the responsibility of the commanding officer, acting through various activities in the hospital. The Educational Services officers are supplied with printed and photographic materials and are trained in various teaching procedures to accomplish these ends; and chaplains can make a very real contribution; and the Civil Readjustment officers can assist in the cases of the men to be discharged for physical disability. It should always be kept in mind, however, that it will not be possible to bring about the desired state of morale in the patients unless the morale of the personnel on duty in the hospital is at a high level.

It is of prime importance that the whole hospital staff have a full understanding of the aims and purposes of the Program. Each must consider he is a member of a team with a definite responsibility to perform properly the part assigned to him. They must all realize that the effort is directed toward the whole patient population of the hospital and that every portion of that population must receive the same careful consideration.

THE COMMANDING OFFICER

The commanding officer's attitude toward the Program is of first importance; he will set the tempo of the Program in his hospital. If he is sincerely and actively interested, he will energize the whole Program; whereas, if he takes it casually and without enthusiasm, the whole effort of the hospital may be performed in a perfunctory manner. His policies will determine the content of the Program and its practical value to the hospital and its patients. It should be his constant aim to make sure that the undertaking in his hospital is actually accomplishing the broad purposes of the Program. He may take advantage of offers of outside assistance which may contribute to this, but he should decline offers which are of doubtful practical value, even though sincerely made.

THE REHABILITATION OFFICER

The medical officer designated as Rehabilitation Officer should be selected for his appreciation of the over-all problems of rehabilitation and for his real interest in their solution. He will to a considerable extent determine the efficiency and completeness of the Program in the hospital. He should have aptitude for organizing, the talent for obtaining cooperation of the members of the hospital staff, and a personality that will inspire the confidence of the patients. He should be given the status of chief of service. He should be chairman of the rehabilitation board and as such be the commanding officer's adviser on the hospital's Rehabilita-

tion Program, and responsible to him for its orderly development, effective integration of the various services, and its effective functioning. It may be necessary that he devote his full time to this duty, but should he have other duties they should be such that he can give both proper attention.

THE REHABILITATION BOARD

The Rehabilitation Board should be the commanding officer's agent for developing and conducting the Rehabilitation Program of the hospital. The board should consist of the rehabilitation officer as chairman, representatives of the clinical services, and officers representing physical therapy, occupational therapy, physical training, educational services, and civil readjustment, as a minimum. It may be found advantageous to include the chaplain, a representative of the American Red Cross, and the welfare and recreation officer.

The clinical services should be represented on the board by officers in a position to interpret the over-all aim of the Program to the other members of the services, to take the necessary steps within those services to insure that the patients are promptly classified, that they begin to participate in the auxiliary services as soon as their physical condition permits, and to insure that the program developed for each patient will be in harmony with his progress toward recovery. The function of the board should be that of correlating and integrating auxiliary and supporting activities with the professional care and treatment of the patients in order to effect maximum rehabilitation while they must remain in the hospital.

The Rehabilitation Board should recommend to the commanding officer the procedures necessary to develop a Rehabilitation Program which will extend to each patient admitted to the hospital and to insure that this Program is carried through to completion. It is essential that procedures be established for scheduling the day's activities for each patient. Such schedules should provide for a definite allotment of the patient's time during his waking hours. Provisions should be made for consultations with the medical officer and for treatment procedures, for necessary participation in the routine of ward upkeep, for meals, for whatever rehabilitation activity is deemed best suited for the particular case, and for recreation and liberty. Provisions should be made whereby services concerned will be informed of the times the patients are to report to them. Patients should be required to adhere to the schedule prepared for them.

It is important that the board be mindful at all times of the necessity for expediting complete recovery in keeping with good medical practice, which is the aim of the whole Program, to include in its programs whatever may contribute most to this end, and to make appropriate recommendations to the commanding officer whenever indicated.

It is believed that from an operational standpoint the board should act as a whole as often as necessary to establish over-all policies and procedures. It is not considered practical, however, to contemplate that the board will have time to convene for consideration of each patient. The board should establish procedures whereby it will promptly receive information as to a patient's education and experience prior to admission, his avocational and recreational interests, and his preferences as to activity during convalescence, together with the ward medical officer's opinion as to limitations of activity and recommendations regarding features provided by the hospital's Program which he desires to be stressed. Procedures should also be established whereby the board is kept currently informed of the patient's progress in order that his program may be modified accordingly.

Provisions for classification of all patients into groups based on their physical ability to participate in activities of the Program have been prescribed as follows:

Group 5—No activity.

Group 4—Confined to bed.

Group 3—Confined to ward.

Group 2—Ambulant, but with stated restrictions on physical activity.

Group 1—Ambulant—no limitations on physical activity.

The group to which a patient is assigned by his ward medical officer must be recognized by all personnel connected with the Rehabilitation Program as setting the limit on the activity permitted.

The board should devise and recommend for use such records of the functioning of all phases of the Program as will show current progress, number of patients participating, and results achieved.

THE WARD MEDICAL OFFICER

The ward medical officer must be depended upon for the initial impetus toward rehabilitation efforts for each patient in his charge. He can best judge when his professional efforts can be furthered by the supplementary therapeutic procedures available in the Program, the type of activity best suited for the patient, and the limitations imposed by the patient's disability. He is aware of the patient's personality, his problems, and his desires. It should be his duty to prescribe appropriate participation in the therapeutic aspects of the Program in the same manner as he prescribes other forms of treatment. He should inform the rehabilitation board of features of the patient's general make-up which may affect his participation, of his progress toward recovery, and his increasing ability to extend his activities. His recommendations as to types of activity and the limitations he imposes must govern in all cases.

He should bring newly admitted patients to the attention of the rehabilitation board as soon after admission as practical. He should inform the rehabilitation board as soon as he determines that a patient will be recommended for discharge from the service. He should make sure that steps are initiated to prepare the man for his post-hospital course.

He should be continually on the alert to detect the psychologic maladjustments which are often concealed in a conscious, but superficial, effort to adapt to the requirements of naval life or to avoid any appearance of weakness or inability to "take it." These situations are just as prevalent among patients on the general wards of the hospital as they are among patients on the Neuropsychiatric Service. Unless the possibility of these maladjustments is kept in mind during the history-taking and general evaluation of the patient, they may go undiscovered and complete and expeditious recovery will be impeded. Ward medical officers should indoctrinate their nurses and Hospital Corps personnel to be on the watch for such situations and to report them promptly. They should accept such information as a lead to be investigated and treated.

HOSPITAL ORGANIZATION

Successful operation of the Rehabilitation Program may necessitate some changes in existing hospital organization. A rehabilitation service should be established as one of the hospital services. This should be headed by the rehabilitation officer and should include educational services, physical training, civil readjustment, physical therapy, and occupational therapy, as a minimum. In hospitals to which an officer trained in physical medicine is attached, physical and occupational therapy may be combined to form a physical medicine service. Patients should be referred to the rehabilitation service for consultation and auxiliary treatment, in much the same way they are referred to other professional services.

Whenever local conditions permit, convalescent patients who require a minimum of professional treatment and who can participate to a maximum extent in the Rehabilitation Program should be segregated in wards separate from the acutely ill. In such wards the discipline should be more rigid and the routine such that between consultations with the responsible ward medical officer and required treatments the activities of the rehabilitation service can be brought into play to the fullest extent.

Long-established liberty customs may conflict with operation of the Rehabilitation Program. In many cases these customs are held over from peacetime, when the hospital afforded little opportunity for purposeful employment of time during convalescence, and prolongation of hospitalization could be tolerated. The Rehabilitation Program should be so developed that the time of all patients is fully occupied during normal

working hours. Since the procedures of the Program are considered a part of treatment, liberty hours should not be such as to interfere with this treatment. To permit this to occur will tend to prolong rather than decrease the period of hospitalization and defeat one of the primary purposes of the Program. It is absolutely necessary, however, that before established liberty customs are changed the Program will have been so perfected that all patients will be actually occupied during the hours liberty had previously been granted. Patient reaction to a change in liberty customs will, to a considerable degree, reflect the extent to which they have been impressed with the value of the Program to them personally.

Every effort should be made to provide attractive and varied occupation and recreation for voluntary participation by the patients during liberty hours. In many cases, patients go ashore for lack of interesting activities aboard, and in so doing conduct themselves so as to prolong rather than expedite their convalescence.

PHYSICAL THERAPY

Physical therapy consists of treatment procedures which utilize physical forces for their effects upon the body as a whole, or upon local areas of the body. When indicated, it should be prescribed and included in the daily schedule of the patient, so that it may properly supplement the other rehabilitation procedures, especially where activity and exercise are concerned.

The specific treatments appropriate for the individual case should be prescribed either by a medical officer especially trained and experienced in physical medicine, if available, or by the ward medical officer. The actual administration of most treatments will be carried on by "qualified assistants" trained for this duty. All treatment should be supervised by either a medical officer or a qualified physical therapist. This therapist may be an officer of the Hospital Corps, the Nurse Corps, or an officer designated as qualified in the specialty of physical therapy.

Physical therapy in general may be considered as of two types—passive and active. The passive type consists of treatments which do not require any particular effort on the part of the patient, such as external heat, ultraviolet radiations, conversion heat (diathermy), low-voltage electric currents, hydrotherapy, and massage. The active type consists of all forms of exercise in which active participation and voluntary cooperation by the patient is necessary. It may be performed with the aid of gravity alone, with apparatus, or against the resistance of gravity or apparatus. Various forms of exercise may be performed with the aid of a technician or against resistance provided by a technician. Exercise performed under water may be particularly valuable for reeducation of muscles or groups of muscles in which the effect of gravity would tend to

nullify the benefits of exercise of the affected part. The active type of physical therapy is a physiologic approach to many problems of treatment which has psychologic implications of great importance in recovery.

Active, assistive, resistive and passive exercises should be individualized for the particular patient to accomplish a specific purpose. They should be carried on under strict supervision in order that limits of tolerance will not be exceeded. Especially close supervision is needed for cases of muscle reeducation.

Supervision and administration of exercise and mechanotherapy demand a knowledge of anatomy and kinesiology. Movements of affected parts should be so performed as to promote the greatest possible return to normal function. In the event this cannot be accomplished, it may be feasible to teach substitute or auxiliary movements. The gradation from mild to vigorous exercise should be carried out carefully and systematically.

X-ray, radium, and fever therapy are treatment by physical agents. These are specialties within themselves and are not considered a part of physical therapy in the foregoing.

OCCUPATIONAL THERAPY

Occupational therapy is of value in specific conditions, such as are encountered in orthopedic and surgical wards, in which activity prescribed by the medical officer and intelligently supervised by trained personnel will assist in return of function. In other conditions, particularly neuropsychiatric and psychosomatic, directed activity along lines in which the patient is interested will relieve tension, afford an outlet for energy and build up self-confidence. Since it is a form of treatment, occupational therapy should be under the direction of a medical officer. The occupational therapy officer should direct treatment procedures along the lines desired by the ward medical officer, and should grade the degree of activity in keeping with the patient's progress.

Occupational therapy is appropriate for bed patients for early active use of injured parts and relief of the enforced inactivity of bed rest. It should be continued in the occupational therapy workshop, if indicated, when the patients are able to leave the wards. The occupational therapy workshops, being treatment rooms, should be reserved for use by patients for whom this form of therapy is prescribed. Therapeutic benefit to the patient, aptitudes demonstrated, and skills acquired should be the end results sought from occupational therapy, rather than finished articles of practical or decorative significance.

The range of active procedures which may be adapted to the purposes of occupational therapy is very wide. In many cases the procedures involved in so-called arts and skills can best achieve the desired result. As a general rule, however, occupational therapists should employ pro-

cedures of some practical significance. Many industrial processes and many of the procedures involved in regular naval duties are admirably suited for use in occupational therapy. As a rule, tasks of this nature have a real appeal to patients because of their more "manly" implications. It may be feasible in some hospitals to install equipment for practical instruction in certain naval duties and for prevocational work try-outs, in addition to that required for functional and diversional occupational therapy. Equipment which is primarily for the maintenance and operation of the hospital, however, should not be requested as for occupational therapy. Initiation of procedures to obtain equipment for occupational therapy must be contingent on space in which to house and use it and on the actual needs of the patient population in the hospital. It must be kept in mind that vocational training is not a function of the Medical Department.

There should be close cooperation between the occupational therapist and the educational services officer, to the end that the occupational therapist is apprised of patients' aptitudes and aspirations which may be learned through educational and vocational counseling. Such information should be employed in selecting therapeutic tasks. It is equally important that the educational services officer be apprised of skills or aptitudes demonstrated during the course of occupational therapy.

The work conducted in some hospitals by the arts and skills corps of the American Red Cross, although allied to occupational therapy, is medically approved diversional handicraft and is not intended as a treatment procedure. At the same time it has certain therapeutic value in that it affords patients whose time might otherwise be unoccupied a pleasant outlet for the normal desire to engage in some constructive activity. Procedures should be established whereby the occupational therapist and the American Red Cross staff will coordinate the arts and skills program with the general occupational therapy program of the hospital, in order that the efforts of these volunteer workers may be directed toward patients for whom supervised activity is not required as a treatment, but who would benefit from diversional activity.

PHYSICAL TRAINING

Physical training in naval hospitals is a planned progressive program of physical activities, designed to promote an optimum state of general fitness and to assist in the amelioration of specific disabilities. It is intended to improve the strength, endurance and coordination of the body and, through selected games and sports, include psychologic and sociologic benefits. None of the activities included in physical training should be aimed at producing star performers or "varsity" teams.

Physical training should be prescribed by the medical officer for the individual patient. The intensity of the exercise should vary with the

ability of the patient to engage in physical activity, as indicated by his classification in an exercise group. Reclassification should be made at frequent intervals in step with the patient's progress. All patients not classified in Group 5 should receive some form of physical training.

Exercise for bed patients should be started as early as deemed advisable by the medical officer. Graded exercises of increasing intensity should prove valuable in preventing that deconditioning which frequently accompanies enforced bed rest or immobilization. Patients unable to leave their wards for any reason should be especially considered in the program of exercises. The handbook of physical training will serve to acquaint medical officers with approved exercises and should be the basis for standardizing the program as much as that is possible. There should be definite progression in strenuousness throughout the program, which may finally include vigorous games and sports in Groups 2 and 1. The Program developed in each hospital should be adapted to the usual patient population, to local climatic conditions, and limitations of space available, both indoors and outside. Existing facilities should be employed to the maximum extent.

The daily schedule of the patient should provide regular periods for physical training, and the ward routine should allocate a definite amount of time for its accomplishment.

Special remedial and corrective exercises may be conducted by the physical training instructors on the prescription of the medical officer in specific cases. These exercises may be performed in groups at stated intervals and be supplementary to other exercises.

Physical training personnel should be assigned duties in the hospital in keeping with their previous training and experience. The officers should actively supervise the work of the enlisted personnel and be available for consultation with the medical officers on all aspects of physical training. The activities of physical training personnel should be primarily directed toward patients, but when local conditions warrant they may also assist with a physical training program or with recreation-athletic activities for members of the staff.

Regular meetings of the physical training staff should be held for discussion of professional matters. Such meetings should be planned in advance, and when practicable medical and other officers of the hospital staff should present material of mutual interest and discuss matters pertinent to the physical training program. It is desirable that the physical training officers attend the periodic professional staff conferences.

EDUCATIONAL SERVICES

The educational services officers provide an essential feature of a well-rounded Rehabilitation Program and should be consulted on problems in their field relating to individual patients. Their efforts should be

directed broadly along two lines: Educational and vocational counseling and education and training. Vocational counseling is applicable to patients who will be discharged from the service; educational counseling and education and training to all patients.

Educational services officers should make a careful analysis of the usual patient population of the hospital to which they are assigned and develop their instruction and training program accordingly. Should the hospital draw the majority of its patients from a certain type of activity, such as a training station or an air station, they should be prepared to stress appropriate subjects.

Where practicable, full use should be made of nearby educational facilities, particularly those that can be utilized for vocational tryouts, prevocational training, and as a means for assisting patients in maintaining work skills during convalescence. Caution must be observed in making use of these facilities, however, to avoid incurring actual or potential financial obligations which the Department is not in a position to defray.

Posters, motion pictures, and other media supplied for the purpose of war orientation should be used for informing all personnel in matters relating to the background and progress of the war, the duties and responsibilities of all citizens, and for the purpose of developing, as far as possible, motivation for expeditious return to duty. This material should be expanded upon in lectures, group discussions, and personal interviews.

The educational services officers should be responsible for conducting instruction of patients who will return to duty, in subjects and procedures related to their usual naval duties, in accordance with the methods and training doctrine of the Bureau of Naval Personnel, and in general educational subjects for patients who desire to obtain civilian educational credits or complete interrupted courses of study. They are supplied with material for self-study and correspondence courses in a wide range of subjects, material for use in group instruction, training aids in the form of special devices, motion picture and still film for instruction and training in naval duties, and training manuals in the duties of the various rates. They should make full use of this material to meet the needs of the individual patients. Successful completion of a rate training course should be entered in the man's service record over the signature of the educational services officer, approved by the medical officer in command. Whenever practical they should make use of practical work to augment theoretic instruction.

Their duties in connection with men to be discharged from the service are of major importance. All educational services officers assigned to hospitals are qualified to conduct sound vocational counseling. The handbook on counseling should be of assistance to educational services officers in discharging this responsibility. Vocational counseling for those patients in need of it should be started as soon as the re-

sponsible medical officer has determined that a patient will not be returned to duty. To this end it is necessary that procedures be established to insure that the educational services officer receives this information promptly. Counseling includes review of the man's total training and experience and his aspirations or intentions for the future. In some cases, aptitudes will be apparent; in others estimates of aptitudes will need to be made by exploratory try-outs in a variety of work experiences and/or by the use of appropriate testing instruments.

Consultation with professional members of the staff to bring out psychologic or physical handicaps should be requested. With this information at hand, the educational services officer should assist the man in making a decision as to his course on leaving the hospital. A decision having been reached, the educational services officer should arrange for theoretic or practical instruction which will contribute most to the selected course of action. The educational services officer must work in close cooperation with the civil readjustment officer in these cases in order to insure that necessary arrangements may be made for them to embark upon their selected courses with a minimum of delay after discharge.

It may be practical to install equipment for both practical instruction in certain naval technical specialties and for prevocational training in some institutions. Material and equipment for this purpose may be obtained by procedures established by the Educational Services Section of the Training Division of the Bureau of Naval Personnel. Use should be made of qualified patients as technical instructors and tutors as assistants to the educational services officer. Teaching in itself is an excellent form of occupational therapy. It builds morale by restoring self-confidence and decreases the tendency toward introspection. Any man who has valuable knowledge or experience which he can impart to others generally receives considerable rehabilitation benefit to himself in so doing.

THE MAINTENANCE DEPARTMENT

The maintenance department of the hospital conducts many activities which can serve the purposes of the Rehabilitation Program. In some institutions it may be practical to assign patients skilled in various trades to appropriate hospital shops in which they can maintain or improve their adeptness. In making use of hospital shops, however, consideration must be given to the attitude of the permanent civilian force toward such assignments. Matters of availability of tools, working space, and similar factors must also be determined.

Activities generally included in the term "outside detail" should also be included in the Program. If such activities are to be of greatest benefit to the hospital and the patient, however, an analysis of the physical requirements for the various tasks available should be made, and integrated with the classification established as a basis for physical activity. Patients

should be assigned to details for which they are best qualified by training and experience, and which will best serve to further recovery. Staff personnel who supervise detailing of patients on "outside detail" should, in all cases, be governed by the recommendations of the ward medical officer.

Assignment to outside detail is particularly appropriate for patients whose period of hospitalization is brief. Although these assignments are necessary for the upkeep and maintenance of the hospital and may have a certain therapeutic value, it is essential that the time of individuals so assigned be realistically apportioned between them and other features of the Program which may have greater significance in furthering recovery or preparing the patient for his post-hospital activities. Retention of a patient in a particular outside detail assignment solely because of his ability to perform a given task for the benefit of the hospital may deprive him of the opportunity to engage in other activities of greater potential benefit to him and may unnecessarily prolong his period of hospitalization. Full benefit to the hospital and to the patients will not accrue from assignments to the Maintenance Department or the "outside detail" unless the work is laid out in an orderly manner, the patients are properly supervised, and are required to meet an acceptable standard of performance.

THE CHAPLAIN

The duties of the chaplains are intimately related to the Rehabilitation Program for their morale building significance, and in connection with separation from the service of those who must be returned to civil life. Attention to spiritual unrest, whether from unanswered religious questions or unsolved personal problems, is often as necessary to rapid and complete recovery as attention to physical ailments.

Patients of sincere religious convictions, particularly those seriously ill or suffering from major injuries, can be expected to attain the peace of mind and the intangible spiritual well-being so essential to recovery, from sympathetic man-to-man conferences with a clergyman of their own faith. In addition to this purely religious relationship, the chaplain, particularly the one who has seen actual overseas duty, can be expected to have a knowledge of the personal problems of the men of the naval service and experience in assisting in their solution. His regular contacts with the men should be facilitated in order that patients may have ample opportunity to confide in him and receive his assistance in the solution of personal problems, which if unsolved can only impede recovery.

The chaplain's efforts toward morale building, in addition to resolving religious or personal problems, should also be directed toward increasing motivation for expeditious completion of hospitalization and return to duty, or if discharge from the service is necessary inculcation of

the duty of the man promptly to seek a place in civil life in which he can contribute to the life of the community to which he returns, and in which he can progress by his own efforts.

Patients to be discharged from the service should have brought to their attention some of the adjustments they must make in the change from the regulated life of the serviceman to the unregulated, competitive life of the civilian. This should be done by the chaplain in a concise talk to groups of dischargees assembled for instruction by the civil readjustment officer.

Many patients who are to be discharged from the service will have established friendly relations with the chaplain during their hospitalization and would welcome an opportunity for an interview with him prior to leaving the service. Procedures should be evolved to insure that all patients who desire such a terminal interview will be afforded the opportunity. It may be desirable in some hospitals to require all dischargees to "check out" with the chaplain during the pre-discharge procedures, but the desires of the patient for an interview of something more than a formal nature should be given due consideration.

THE AMERICAN RED CROSS

The services which the American Red Cross may be requested to furnish should be utilized to round out the over-all rehabilitation effort.

The status of personnel of the American Red Cross in naval activities is stated in U. S. Navy Regulations, Articles 1470 to 1478 inclusive, as published in the Navy Department Bulletin of 31 January 1944. The services which the American Red Cross may be requested to furnish are stated in Article 1474 (1). The Servicemen's Readjustment Act of 1944 (Public 346, 78th Congress) contains the provision that nothing in the act shall in any way affect the right of the American Red Cross to recognition under existing statutes.

Patients who have been found to have personal or family problems should be referred to the social worker, and time for them to interview the American Red Cross social worker should be included in their daily schedules when indicated. Proper moves to solve such problems can be expected to improve the individual's morale and contribute to his complete and expeditious recovery. Such assistance, however, must be desired by the patient and be conducted by personnel who have the requisite qualifications.

The services which may be rendered by recreation workers in the form of individual and group recreation should be used to the fullest extent for patients whose conditions prevent their participating in the general recreation program of the hospital. Recreational activities, however, should not be allowed to interfere with or supplant activities of the Rehabilitation Program, but should supplement them by contributing to building up individual morale.

The services rendered by the arts and skills corps, although of a diversional nature, are related to occupational therapy, and procedures should, therefore, be established whereby they will be coordinated with the general occupational therapy program of the hospital.

The assistance of the local American Red Cross representative is available to obtain trained volunteers in fields which may contribute to the Rehabilitation Program. All volunteer workers should be sponsored by the American Red Cross and act under that agency in order that all volunteer efforts in the hospital may be coordinated. They should be indoctrinated with the aim of the Rehabilitation Program to return as many patients as possible to duty, and should direct their activities accordingly.

Inasmuch as the civil readjustment officer is responsible for informing all potential dischargees of their rights and benefits under existing law, it is not necessary that Red Cross workers duplicate this instruction. Instead their interviews should be directed toward furnishing information in relation to the dischargee's particular needs, and in reaching a solution of the specific problems he may present.

Assistance in preparation of claims for pension or other benefits is an important service furnished dischargees by the American Red Cross. This involves more than routine typing procedures. It affords the dischargee an opportunity to fully state his opinion of the origin and course of his disability and the degree to which he is handicapped.

CIVIL READJUSTMENT

When the Civil Readjustment Program was established, Vice Admiral Randall Jacobs, U. S. N., stated that "every man and woman in the future who leaves the service for any reason whatsoever will be given a private and personalized exit interview."

It is the responsibility of the civil readjustment officer in a naval hospital to insure that the exit interview for each dischargee from the Navy be thorough, provide the specific information necessary for the completion of the individual's service record, and be for the dischargee a personally satisfying experience of practical value in the process of his readjustment to civilian life. The program should function within naval hospitals in a manner similar to other procedures under the cognizance of the Bureau of Naval Personnel which are administered by the medical officer in command.

Its realistic execution is considered an obligation of the Navy to the men who leave the service, and to the communities to which they return. The Medical Department has assumed the responsibility for insuring that all patients discharged to civil life from hospitals receive the full benefit of the Program. In order that medical officers in command will have qualified personnel to conduct this important hospital function, officers of the Hospital Corps have been especially trained for

duty as civil readjustment officers and assigned to hospitals in addition to Hospital Corps officers assigned for other duties.

The civil readjustment officer should be charged with responsibility for organizing the program and recommending the administrative procedures necessary for its efficient execution. These should include methods by which he will be informed as early as practicable of the names of potential dischargees, procedures for insuring that they are fully and accurately informed of the rights and benefits provided for all veterans, and of special provisions for those who are discharged for physical disability, procedures for assisting them toward solution of individual problems, coordination of the activities of the representatives of governmental agencies and of representatives of veterans' organizations in the hospitals for the purpose of assisting dischargees, procedures for insuring that discharge papers are in order, and that the dischargee has received all allowances to which he is entitled prior to discharge, and methods for insuring that claims for pensions or other benefits are complete and are properly forwarded.

The civil readjustment program in the hospital should be so developed as to insure establishing and maintaining close coordination of the duties of the civil readjustment officer and the recorder of the board of medical survey, the educational services officer, chaplain, insurance and benefits officer, personnel officer, disbursing officer, legal assistance officer, Veterans' Administration representative, U. S. Employment Service representative, Selective Service representative, Civil Service representative, American Red Cross, and representatives of veterans' organizations and of State rehabilitation agencies in the hospital, as they relate to individuals in the hospital in the process of being discharged from the service. These duties should be the primary duty assignment of the civil readjustment officer, and any collateral duties should be such as will not interfere with their proper performance. The civil readjustment officer should be assigned adequate office space suitable for conducting personal interviews with dischargees and assign clerical assistance to prepare the required papers and maintain adequate records.

In addition to his duties toward dischargees, the civil readjustment officer should be available also to personnel in the hospital who may desire specific information regarding provisions of existing laws for the benefit of the veteran.

Reports of experience indicate that an over-all period of approximately one hour of the civil readjustment officer's time per individual dischargee is required for adequate servicing, in addition to the time required for the administration of the program, and that in hospitals in which discharges average 100 or more per month the civil readjustment officer must devote his full time to this duty. In hospitals where there are 250 or more discharges per month, additional full-time civil readjustment officers are indicated.

General information regarding rights and benefits provided for veterans should be disseminated to all dischargees by the civil readjustment officer in group lectures. Such lectures should cover the subject in general without attempting to elaborate details and should be the occasion for informing the dischargees concerning the Government and private agencies whose representatives are available in the hospital to assist them. The pamphlet, Your Rights and Benefits, should be furnished each dischargee at this time, with instructions to read it carefully and formulate questions on particular features on which detailed information is desired. This period in which the dischargees are so assembled is a convenient time for the insurance and benefits officer to outline briefly matters in his field which may be of interest to the dischargees, and for the chaplain to make a brief talk. Such lectures should be carefully planned in advance and should be no longer than is necessary. Special arrangements should be made for certain dischargees, such as those who will be transferred to a Veterans' Administration facility for continued treatment, whose physical condition prevents their being processed in the usual manner.

After a reasonable period of time following the group lecture, the civil readjustment officer should conduct a personal interview with each dischargee. It is to be expected that during this interval the dischargee will have considered the educational and vocational information furnished by the educational services officer and the rights and benefits for which he is eligible as a veteran, and will have formulated a general idea of his plans for the immediate future. It is not the purpose of the civil readjustment officer to tell the dischargee what to do, but to provide him with the specific information and direct him to such special assistance, that he may intelligently make his own decisions. This personal interview should be the occasion for the dischargee to request assistance from any of the Government or private agencies in the hospital, or for referral to such agencies by the civil readjustment officer for the detailed information he may desire.

Predischarge lectures and information services should be initiated sufficiently in advance of the actual time of discharge to afford sufficient time adequately to service the dischargee. These lectures should inform the dischargee of his rights and benefits in general. It should not be necessary for representatives of governmental agencies or other organizations to duplicate this general information, and they should, therefore, be able to devote their full effort to furnishing detailed information desired by the dischargee, or assisting in solving his specific problems.

Marine Corps and Coast Guard personnel should be processed along with other dischargees; however, personal interviews with marines should be conducted by Marine Corps interviewers of the Marine Corps Rehabilitation Program who may be assigned to naval hospitals full time or part time for this purpose. In either case the progress record should

be forwarded with other papers to discharging activities to avoid duplication of effort.

WAVE dischargees should be furnished the opportunity of attending group lectures and having a personal interview with the civil readjustment officer, in addition to the required predischarge interview with a designated WAVE officer. This will require a working arrangement between the civil readjustment officer and the senior WAVE officer.

The civil readjustment officer should maintain contact with nearby veterans' service centers. He should be familiar with existing benefits afforded the veteran by the individual States, particularly those States in the immediate vicinity of the hospital.

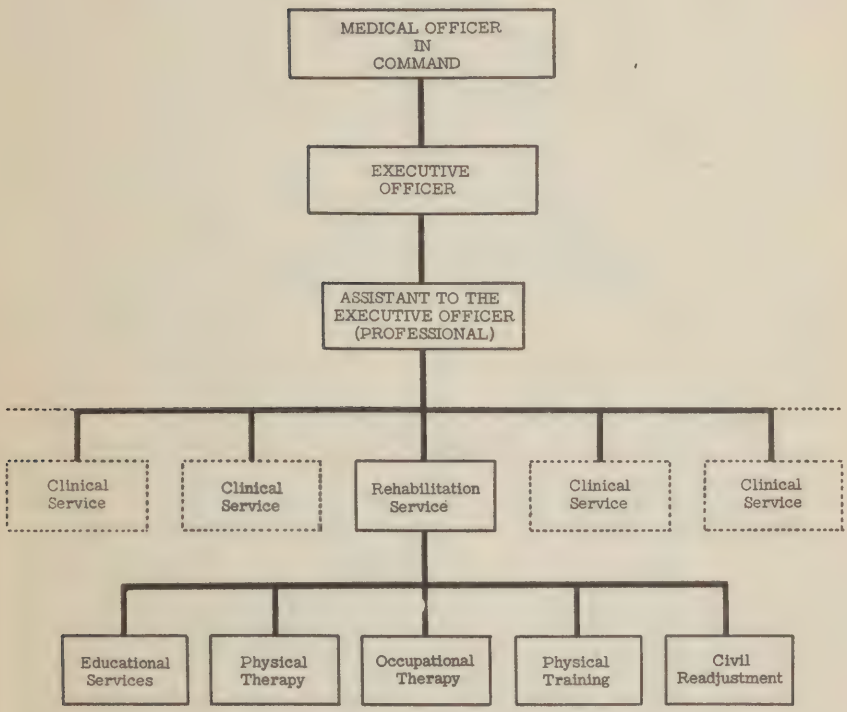
Since considerable data required for completion of NavPers 553 is necessarily available to the civil readjustment officer for his terminal personal interview with dischargees, arrangements should be made whereby this data is available to the office charged with preparing this form. It may be locally desirable that the duty of preparing this form be assigned to the civil readjustment officer, but in any event he should be made cognizant of the fact that it has been prepared and properly forwarded.

The district civil readjustment officer is responsible for effective functioning of the Program within his district and for coordinating the Programs of civil readjustment operated by naval personnel in his district. The hospital civil readjustment officer will be kept currently informed of changes and amendments to existing laws, of interpretations of existing laws as they relate to veterans' benefits, and of developments of policy and procedures for the civil readjustment program as a whole. Records and reports established for completion by activities should be promptly forwarded as required.

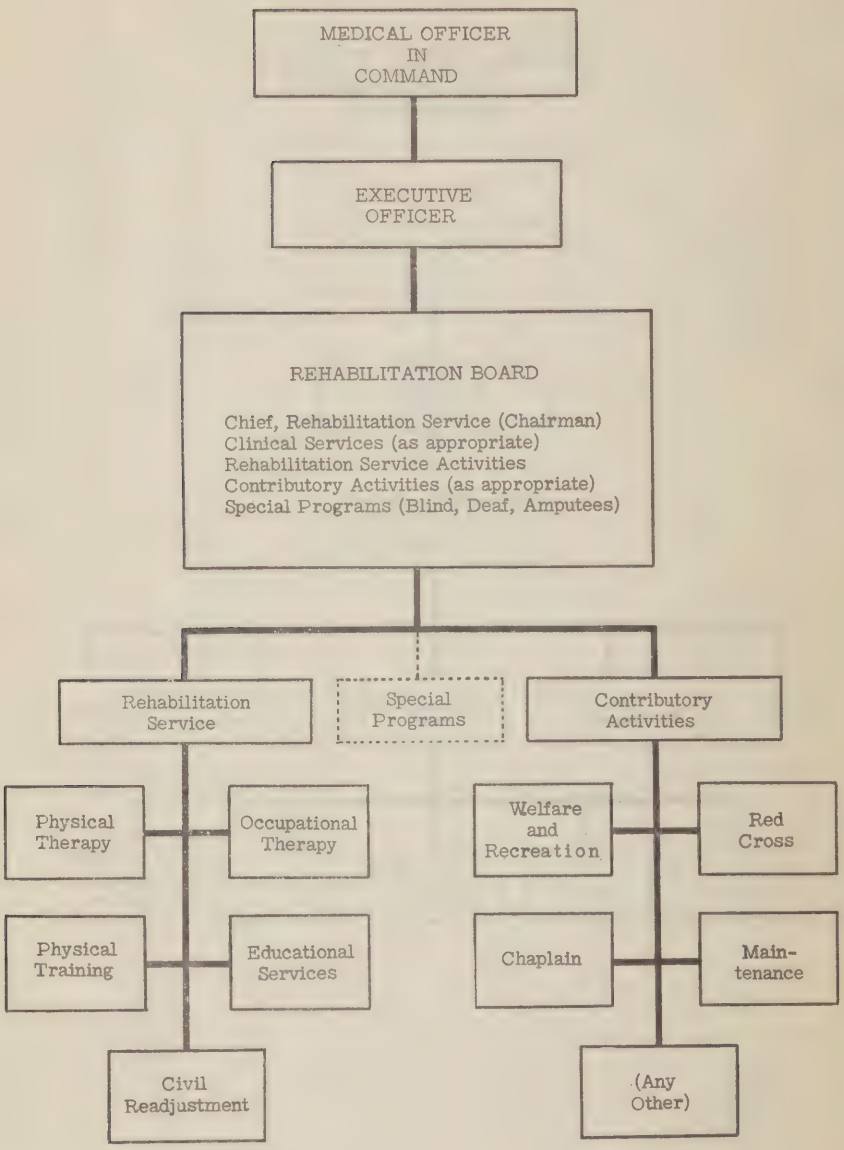
The functions of the civil readjustment officer constitute the final phase of the Rehabilitation Program for persons being discharged from the service. Contact with dischargees should evidence the interest of the Navy in their future welfare as individuals and should not become an impersonal routine. The Program in general should be conducted in a manner that expresses appreciation to the dischargee for his contribution to the war effort and cements the best possible relationship between him and the service he is leaving.

CHARTS

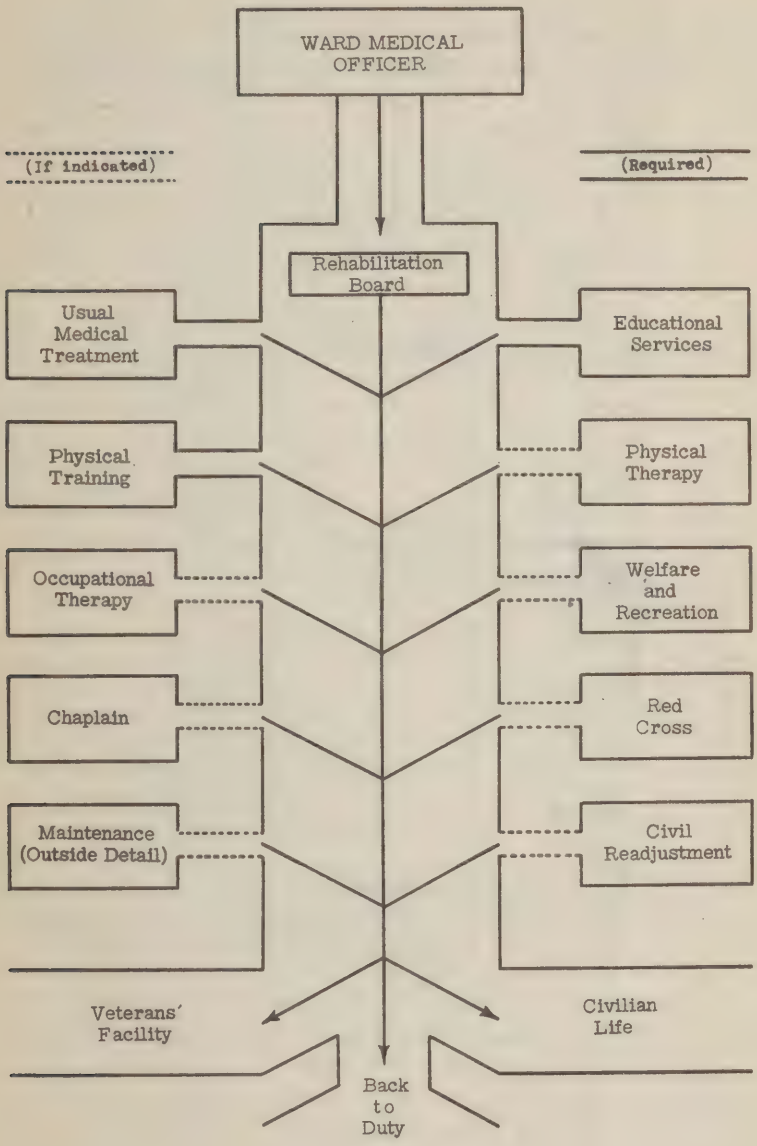
REHABILITATION SERVICE AND STATUS IN HOSPITAL ORGANIZATION



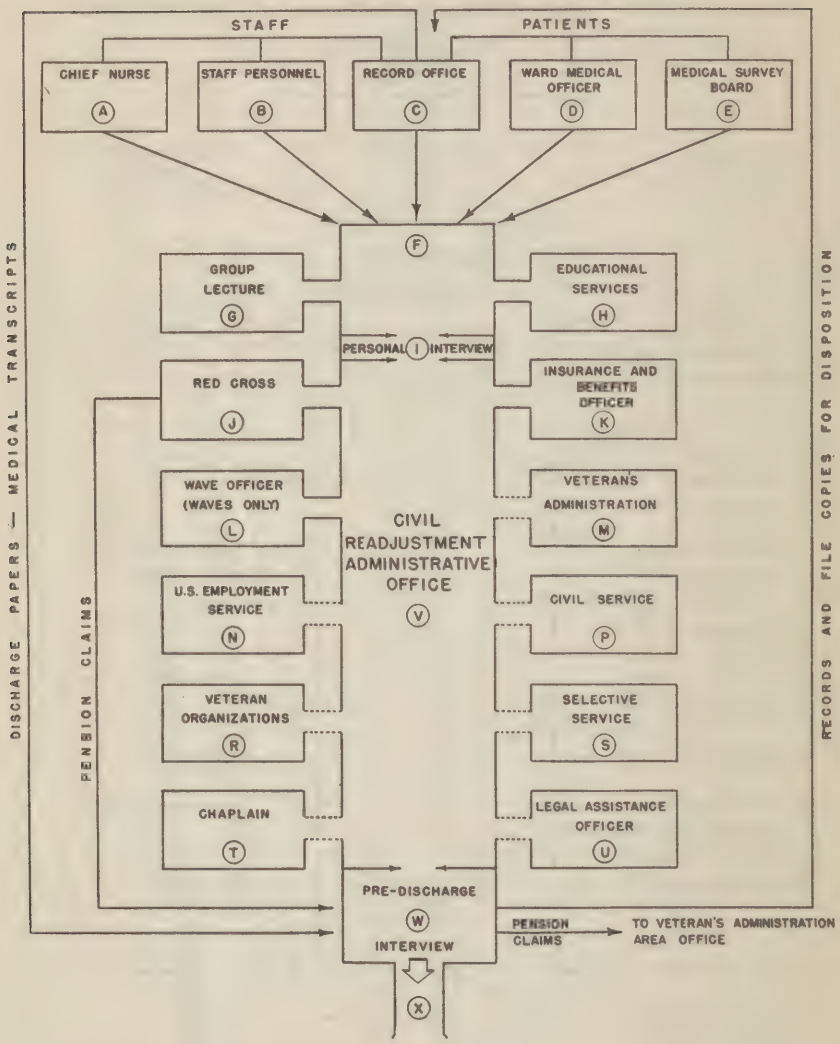
ORGANIZATION OF THE REHABILITATION PROGRAM



REHABILITATION PROGRAM AS IT APPLIES TO THE USUAL PATIENT



CIVIL READJUSTMENT FLOW CHART FOR PROCESSING DISCHARGEE



LEGEND AND EXPLANATORY NOTES TO FLOW CHART

(A) Refer all nurses being separated from the service to civil readjustment officer.

(B) 1. Direct officers with copy of orders who will be separated from service to civil readjustment officer.
2. Direct enlisted personnel who will be discharged from the service to the civil readjustment officer.
3. Furnish discharge papers to civil readjustment officer for pre-discharge review and presentation of discharge.

(C) 1. Furnish list of dischargees to civil readjustment officer.
2. Furnish discharge papers to civil readjustment officer for pre-discharge review and presentation of discharge.
3. Furnish supporting papers to pension claims to civil readjustment officer for forwarding.

(D) Prepare physical capacity form for processing of dischargee by educational services officer and civil readjustment officer.

(E) Furnish list of patients recommended for discharge to civil readjustment officer after each Board meeting.

(F) 1. Prepare progress record on all dischargees.
2. Arrange group lecture.
3. Direct dischargee to (H) before personal interview.

(G) 1. Conduct group lecture for all dischargees by civil readjustment officer, chaplain, and insurance and benefits officer.
2. Furnish dischargee with booklet "Your Rights and Benefits."

(H) 1. Furnish educational and vocational information.
2. Furnish a summary of service, training, experience and education to civil agencies for evaluation.
3. Refer dischargee back to civil readjustment officer for information on procedures to obtain educational or vocational benefits.

(I) 1. Personal interview conducted by civil readjustment officer.
2. Refer to (M), (N), (P), (R), (S), (T), and (U) if desired by dischargee. (Use local referral form for this procedure.)
3. Where activities of (J), (K), (L), (M), (N), (P), (R), (S), and (U) are not represented, the civil readjustment officer will inform the dischargee of his rights and benefits under their cognizance and, if possible, arrange for a personal interview with a representative nearby.

(J) 1. Prepare pension claim or obtain signed statement if dischargee does not desire to submit a claim.
2. Forward completed pension claim or signed statement to civil readjustment officer.

(K) 1. Furnish information on Government and National Service Life Insurance.
2. Furnish information on benefits to dependents.

(L) 1. Interview all WAVE dischargees.
2. Refer back to civil readjustment officer.

(M) Furnish information on features under immediate cognizance.

(N) Furnish information on features under immediate cognizance.

(P) Furnish information on features under immediate cognizance.

(R) Assist dischargee in preparing claims and pursuing benefits and allowances.

(S) Furnish information on features under immediate cognizance to civil readjustment officer.

(T) Conduct interview on personal problems if desired by dischargee.

(U) Furnish legal assistance if desired by dischargee.

(V)
1. Maintain close liaison with district civil readjustment officer.
2. Maintain progress record of dischargee.
3. Maintain files of necessary reports.
4. Prepare and forward necessary reports.
5. Direct dischargees to (J), (K), (L), for processing.
6. Maintain close liaison with (A), (B), (C), (D), and (E) for contacting patients.
7. Maintain close liaison with (B) and (C) for discharge papers, etc.
8. Furnish information for form 553 to preparing officer.
9. Answer any questions related to the program.
10. Coordinate the functions of (M), (N), (P), (R), and (S).
11. Arrange appointments for dischargee as desired.

(W)
1. Review all discharge papers.
2. Issue discharge lapel button.
3. Issue discharge certificate.
4. Conduct pre-discharge lecture or interview.
5. Incorporate progress record with medical records.
6. Return remaining papers to record office for filing in patient's jacket.
7. Furnish progress record of all Marine Corps and Coast Guard personnel to discharging activity.

(X) Civilian life.

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